



112-01

10/14/02
PATENTS
0109-UTL

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

I hereby certify that this paper is being deposited with the U.S. Postal Service under 37 CFR §1.10 as Express Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C. 20231, on 8 November 2002

Name of Person Mailing: Michelle Y. Walker

Signature: [Signature]

Date: 11/8/2002

#17
11-214

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED

In re Application of:

NOV 14 2002

Inventors: Guy M. Miller *et al.*

TECH CENTER 1600/2900

Serial No: 10/020,450

Group Art Unit: 1614

Filed: December 17, 2001

Examiner: P. Spivack

For: Compositions & Methods for the Prevention & Treatment of Cerebral Ischemia

COMMISSIONER OF PATENTS
Washington, D.C. 20231

Sir:

TRANSMITTAL FOR RESPONSE

Transmitted herewith for filing in the above-identified Application are the following papers and instructions, as indicated below.

1. Papers enclosed:

☒ Response

☐ Return Receipt Postcard

2. ☒ Petition For Extension Of Time

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office action mailed November 8, 2002, for:

<input type="checkbox"/> one (1) month	\$55.00
<input type="checkbox"/> two (2) months	\$195.00
<input checked="" type="checkbox"/> three (3) months	\$445.00

the fee (37 CFR 1.17) for which is authorized below.

11/13/2002 AADOF01 00000018 10020450

01 FC:2253

460.00 CH

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Transmittal for Response

TECH CENTER 1600/2900

3. Fee Calculation and Deposit Account Authorization

- ☐ There is no increase in the number of independent, dependent, or multiple dependent claims beyond those previously paid for.
- ☒ There is an increase in the number of independent, dependent, or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Claims Remaining After Amendment: **62 Total, 1 Independent**
Highest No. Previously Paid For: 57 Total, 1 Independent

Additional independent claims (above 3): 0 @ \$40each \$0.00
Additional claims above 20: 5 @ \$9 each..... \$40.00
Multiple Dependency Fee: 0 @ \$135.00 \$0.00

PLUS Extension of Time Fee: \$445.00
PLUS Fee for Terminal Disclaimer: \$0.00
TOTAL FEE DUE: \$485.00

- ☒ Please charge **\$485.00** to Deposit Account No. **50-2247**. A duplicate of this transmittal letter is enclosed.
- ☒ Please charge any additional fees that may be required, or credit any overpayment, to Deposit Account No. **50-2247**. This is not, however, an authorization to pay the issue fee. A duplicate of this transmittal letter is enclosed.

11/13/2002 AAB0F01 00000018 502247 10020450
01-FC-2253 -460.00 CH

Respectfully submitted,



Carol A. Stratford
Agent for Applicants
Registration No. 34,444

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Date: Nov 8, 2002